

**Notice:** The Department is authorized to request the information in this report under ch. 283, Wis. Stats. Proper use of this form will aid permittees in making complete information submittals and thereby minimize the need for subsequent information requests by the Department. If false information from quarterly visual inspections is reported to the Department, you could be subject to penalties up to \$10,000 pursuant to s. 283.91(4), Wis. Stats. Personally identifiable information on this form may be used for other water quality program purposes.

**Facility Information**

Facility Name

Street Address	City	State	ZIP Code
County	Name of Person Collecting Sample		

**Laboratory Information**

Lab Name	WI Certification Number
Telephone Number	Subcontract Lab Name(s) (if applicable)

**Submit lab reports along with all information (including chain of custody forms, quality control data, etc.) received from laboratory.**

**Sample Information**

Discharge or Outfall Number	Sample Number	Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)	Start Time of Rainfall Event	End Time of Rainfall Event
Start Time of Sample Collection	End Time of Sample Collection	Time Interval Between Sample Collection	Number of Samples Collected

When a facility has more than one outfall which have storm water discharges substantially similar based on consideration of industrial activity, significant materials, and management, one outfall may be selected to represent the group of similar outfalls provided that this strategy has been clearly stated in the facility monitoring plan and that the representative outfall is clearly identified as such on the drainage base map.

Is this outfall representative of other discharges from the facility? ☐ Yes ☐ No

If yes, identify all of the outfalls that this one represents:

Discharge or Outfall Number	Sample Number	Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)	Start Time of Rainfall Event	End Time of Rainfall Event
Start Time of Sample Collection	End Time of Sample Collection	Time Interval Between Sample Collection	Number of Samples Collected

Is this outfall representative of other discharges from the facility? ☐ Yes ☐ No

If yes, identify all of the outfalls that this one represents:

Discharge or Outfall Number	Sample Number	Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)	Start Time of Rainfall Event	End Time of Rainfall Event
Start Time of Sample Collection	End Time of Sample Collection	Time Interval Between Sample Collection	Number of Samples Collected

Is this outfall representative of other discharges from the facility? ☐ Yes ☐ No

If yes, identify all of the outfalls that this one represents:

List additional sample information on page 2.

<b>DNR Use Only</b>	
<b>FIN</b>	<b>FID</b>

**Storm Water Chemical Analysis Report**

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**Sample Information (continued)**

<b>Discharge or Outfall Number</b>		<b>Sample Number</b>		Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)		Start Time of Rainfall Event		End Time of Rainfall Event
Start Time of Sample Collection	End Time of Sample Collection	Time Interval Between Sample Collection		Number of Samples Collected	

Is this outfall representative of other discharges from the facility? ☐ Yes ☐ No

If yes, identify all of the outfalls that this one represents:

<b>Discharge or Outfall Number</b>		<b>Sample Number</b>		Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)		Start Time of Rainfall Event		End Time of Rainfall Event
Start Time of Sample Collection	End Time of Sample Collection	Time Interval Between Sample Collection		Number of Samples Collected	

Is this outfall representative of other discharges from the facility? ☐ Yes ☐ No

If yes, identify all of the outfalls that this one represents:

**Mailing**

Unless otherwise directed, mail this completed form to the DNR office listed by county as follows:

**Northern Region Counties**

Ashland	Lincoln	DNR Service Center
Barron	Oneida	1401 Tower Avenue
Bayfield	Polk	Superior, WI 54880
Burnett	Price	
Douglas	Rusk	Phone: (715) 392-7988
Florence	Sawyer	
Forest	Taylor	
Iron	Vilas	
Langlade	Washburn	

**South Central Region Counties**

Columbia	Iowa	DNR South Central Region
Crawford	Jefferson	3911 Fish Hatchery Road
Dane	LaFayette	Fitchburg, WI 53711
Dodge	Richland	
Grant	Rock	Phone: (608) 275-3266
Green	Sauk	

**Northeast Region Counties**

Brown	Marquette	DNR Northeast Region
Calumet	Menomonee	PO Box 10448
Door	Oconto	Green Bay, WI 54307
Fond du Lac	Outagamie	
Green Lake	Shawano	Phone: (920) 492-5800
Kewaunee	Waupaca	
Manitowoc	Waushara	
Marinette	Winnebago	

**Southeast Region Counties**

Kenosha	Sheboygan	DNR Southeast Region
Milwaukee	Walworth	Stormwater Program
Ozaukee	Washington	PO Box 12436
Racine	Waukesha	Milwaukee, WI 53212
		Phone: (414) 263-8500

**West Central Region Counties**

Adams	Marathon	DNR Service Center
Buffalo	Monroe	5301 Rib Mountain Road
Chippewa	Pepin	Wausau, WI 54401
Clark	Pierce	
Dunn	Portage	Phone: (715) 359-4522
Eau Claire	St. Croix	
Jackson	Trempealeau	
Juneau	Vernon	
La Crosse	Wood	